

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

McCaw, of Columbia.

WR
N. B.

McCaw,

(1) PLACE OF BIRTH

County of AbbevilleTownship of Lowndesor
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

41358

Registration District No. 10 Registered No. 64

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Lee Edmond If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec 10 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leige Edmond(9) PRESENT POSTOFFICE OF FATHER B 7 D M Conway(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Abbeville Co(13) OCCUPATION Lawyer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Bowyer(15) PRESENT POSTOFFICE OF MOTHER B 7 D M Conway(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Abbeville Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Paul J. Jeger(24) State whether Physician or Midwife (25) Address of Physician or Midwife McCaw, of Columbia

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 3 1916 (28) B. Dawson Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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